



General Assembly

January Session, 2021

Raised Bill No. 6425

LCO No. 3247



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2021*) As used in this section and
2 sections 2 to 19, inclusive, of this act:

3 (1) "Adult" means a person who is eighteen years of age or older;

4 (2) "Aid in dying" means the medical practice of a physician
5 prescribing medication to a qualified patient who is terminally ill, which
6 medication a qualified patient may self-administer to bring about his or
7 her death;

8 (3) "Attending physician" means the physician who has primary
9 responsibility for the medical care of a patient and treatment of a
10 patient's terminal illness;

11 (4) "Competent" means, in the opinion of a patient's attending
12 physician, consulting physician, psychiatrist, psychologist or licensed
13 clinical social worker, that a patient has the capacity to understand and

14 acknowledge the nature and consequences of health care decisions,
15 including the benefits and disadvantages of treatment, to make an
16 informed decision and to communicate such decision to a health care
17 provider, including communicating through a person familiar with a
18 patient's manner of communicating;

19 (5) "Consulting physician" means a physician other than a patient's
20 attending physician who is qualified by specialty or experience to make
21 a professional diagnosis and prognosis regarding a patient's terminal
22 illness;

23 (6) "Counseling" means one or more consultations as necessary
24 between a psychiatrist, psychologist or licensed clinical social worker
25 and a patient for the purpose of determining that a patient is competent
26 and not suffering from depression or any other psychiatric or
27 psychological disorder that causes impaired judgment;

28 (7) "Health care provider" means a person licensed, certified or
29 otherwise authorized or permitted by the laws of this state to administer
30 health care or dispense medication in the ordinary course of business or
31 practice of a profession, including, but not limited to, a physician,
32 psychiatrist, psychologist or pharmacist;

33 (8) "Health care facility" means a hospital, residential care home,
34 nursing home or rest home, as such terms are defined in section 19a-490
35 of the general statutes;

36 (9) "Informed decision" means a decision by a qualified patient to
37 request and obtain a prescription for medication that the qualified
38 patient may self-administer for aid in dying, that is based on an
39 understanding and acknowledgment of the relevant facts and after
40 being fully informed by the attending physician of: (A) The qualified
41 patient's medical diagnosis and prognosis; (B) the potential risks
42 associated with self-administering the medication to be prescribed; (C)
43 the probable result of taking the medication to be dispensed or
44 prescribed; and (D) the feasible alternatives to aid in dying and health
45 care treatment options, including, but not limited to, palliative care;

46 (10) "Licensed clinical social worker" means a person who has been
47 licensed as a clinical social worker pursuant to chapter 383b of the
48 general statutes;

49 (11) "Medically confirmed" means the medical opinion of the
50 attending physician has been confirmed by a consulting physician who
51 has examined the patient and the patient's relevant medical records;

52 (12) "Palliative care" means health care centered on a seriously ill
53 patient and such patient's family that (A) optimizes a patient's quality
54 of life by anticipating, preventing and treating a patient's suffering
55 throughout the continuum of a patient's terminal illness, (B) addresses
56 the physical, emotional, social and spiritual needs of a patient, (C)
57 facilitates patient autonomy, patient access to information and patient
58 choice, and (D) includes, but is not limited to, discussions between a
59 patient and a health care provider concerning a patient's goals for
60 treatment and appropriate treatment options available to a patient,
61 including hospice care and comprehensive pain and symptom
62 management;

63 (13) "Patient" means a person who is under the care of a physician;

64 (14) "Pharmacist" means a person licensed to practice pharmacy
65 pursuant to chapter 400j of the general statutes;

66 (15) "Physician" means a person licensed to practice medicine and
67 surgery pursuant to chapter 370 of the general statutes;

68 (16) "Psychiatrist" means a physician specializing in psychiatry and
69 licensed pursuant to chapter 370 of the general statutes;

70 (17) "Psychologist" means a person licensed to practice psychology
71 pursuant to chapter 383 of the general statutes;

72 (18) "Qualified patient" means a competent adult who is a resident of
73 this state, has a terminal illness and has satisfied the requirements of this
74 section and sections 2 to 9, inclusive, of this act, in order to obtain aid in
75 dying;

76 (19) "Self-administer" means a qualified patient's voluntary,
77 conscious and affirmative act of ingesting medication; and

78 (20) "Terminal illness" means the final stage of an incurable and
79 irreversible medical condition that an attending physician anticipates,
80 within reasonable medical judgment, will produce a patient's death
81 within six months.

82 Sec. 2. (NEW) (*Effective October 1, 2021*) (a) A patient who (1) is an
83 adult, (2) is competent, (3) is a resident of this state, (4) has been
84 determined by such patient's attending physician to have a terminal
85 illness, and (5) has voluntarily expressed his or her wish to receive aid
86 in dying, may request aid in dying by making two oral requests and one
87 written request to such patient's attending physician pursuant to
88 sections 3 and 4 of this act.

89 (b) No person, including, but not limited to, an agent under a living
90 will, an attorney-in-fact under a durable power of attorney, a guardian,
91 or a conservator, may act on behalf of a patient for purposes of this
92 section, section 1 or sections 3 to 19, inclusive, of this act.

93 Sec. 3. (NEW) (*Effective October 1, 2021*) (a) A patient wishing to
94 receive aid in dying shall make two oral requests and one written
95 request to such patient's attending physician. A patient's second oral
96 request for aid in dying shall be made not earlier than fifteen days after
97 the date on which a patient makes the first oral request. A valid written
98 request for aid in dying under sections 1 and 2 of this act and sections 4
99 to 19, inclusive, of this act shall be in substantially the form set forth in
100 section 4 of this act and shall be signed and dated by the patient. A
101 written request shall be witnessed by at least two persons in the
102 presence of the patient. Each person serving as a witness shall attest, in
103 writing, that to the best of his or her knowledge and belief (1) the patient
104 appears to be of sound mind, and (2) the patient is acting voluntarily
105 and not being coerced to sign the request.

106 (b) Any patient's act of requesting aid in dying or a qualified patient's
107 self-administration of medication prescribed for aid in dying shall not

108 provide the sole basis for appointment of a conservator or guardian for
109 such patient or qualified patient.

110 Sec. 4. (NEW) (*Effective October 1, 2021*) A written request for aid in
111 dying as authorized by this section, sections 1 to 3, inclusive, of this act
112 and sections 5 to 19, inclusive, of this act shall be in substantially the
113 following form:

114 REQUEST FOR MEDICATION TO AID IN DYING

115 I, ..., am an adult of sound mind.

116 I am a resident of the State of Connecticut.

117 I am suffering from ..., which my attending physician has
118 determined is an incurable and irreversible medical condition that will,
119 within reasonable medical judgment, result in death within six months
120 from the date on which this document is executed. This diagnosis of a
121 terminal illness has been medically confirmed by another physician.

122 I have been fully informed of my diagnosis, prognosis, the nature of
123 medication to be dispensed or prescribed to aid me in dying, the
124 potential associated risks, the expected result, feasible alternatives to aid
125 in dying and additional health care treatment options, including
126 palliative care and the availability of counseling with a psychologist,
127 psychiatrist or licensed clinical social worker.

128 I request that my attending physician dispense or prescribe
129 medication that I may self-administer for aid in dying. I authorize my
130 attending physician to contact a pharmacist to fill the prescription for
131 such medication, upon my request.

132 INITIAL ONE:

133 I have informed my family of my decision and taken family
134 opinions into consideration.

135 I have decided not to inform my family of my decision.

136 I have no family to inform of my decision.

137 I understand that I have the right to rescind this request at any time.

138 I understand the full import of this request and I expect to die if and
139 when I take the medication to be dispensed or prescribed. I further
140 understand that although most deaths occur within one hour, my death
141 may take longer and my attending physician has counseled me about
142 this possibility.

143 I make this request voluntarily and without reservation, and I accept
144 full responsibility for my decision to request aid in dying.

145 Signed:

146 Dated:

147 DECLARATION OF WITNESSES

148 By initialing and signing below on the date the person named above
149 signs, I declare that:

150 Witness 1 Witness 2

151 Initials Initials

152 1. The person making and signing the request is personally known
153 to me or has provided proof of identity;

154 2. The person making and signing the request signed this request
155 in my presence on the date of the person's signature;

156 3. The person making the request appears to be of sound mind
157 and not under duress, fraud or undue influence.

158 Printed Name of Witness 1

159 Signature of Witness 1 Date

160 Printed Name of Witness 2

161 Signature of Witness 2 Date

162 Sec. 5. (NEW) (*Effective October 1, 2021*) (a) A qualified patient may
163 rescind his or her request for aid in dying at any time and in any manner
164 without regard to his or her mental state.

165 (b) An attending physician shall offer a qualified patient an
166 opportunity to rescind his or her request for aid in dying at the time
167 such patient makes a second oral request for aid in dying to the
168 attending physician.

169 (c) No attending physician shall dispense or prescribe medication for
170 aid in dying without the attending physician first offering the qualified
171 patient a second opportunity to rescind his or her request for aid in
172 dying.

173 Sec. 6. (NEW) (*Effective October 1, 2021*) When an attending physician
174 receives a patient's first oral request for aid in dying made pursuant to
175 sections 2 to 4, inclusive, of this act, the attending physician shall:

176 (1) Make a determination that the patient (A) is an adult, (B) has a
177 terminal illness, (C) is competent, and (D) has voluntarily requested aid
178 in dying. Such determination shall not be made solely on the basis of
179 age, disability or any specific illness;

180 (2) Require the patient to demonstrate residency in this state by
181 presenting: (A) A Connecticut driver's license; (B) a valid voter
182 registration record authorizing the patient to vote in this state; or (C)
183 any other government-issued document that the attending physician
184 reasonably believes demonstrates that the patient is a current resident
185 of this state;

186 (3) Ensure that the patient is making an informed decision by
187 informing the patient of: (A) The patient's medical diagnosis; (B) the
188 patient's prognosis; (C) the potential risks associated with self-
189 administering the medication to be dispensed or prescribed for aid in
190 dying; (D) the probable result of self-administering the medication to be

191 dispensed or prescribed for aid in dying; (E) the feasible alternatives to
192 aid in dying and health care treatment options including, but not limited
193 to, palliative care; and (F) the availability of counseling with a
194 psychologist, psychiatrist or licensed clinical social worker; and

195 (4) Refer the patient to a consulting physician for medical
196 confirmation of the attending physician's diagnosis of the patient's
197 terminal illness, the patient's prognosis and for a determination that the
198 patient is competent and acting voluntarily in requesting aid in dying.

199 Sec. 7. (NEW) (*Effective October 1, 2021*) In order for a patient to be
200 found to be a qualified patient for the purposes of this section, sections
201 1 to 6, inclusive, of this act and sections 8 to 19, inclusive, of this act, a
202 consulting physician shall: (1) Examine the patient and the patient's
203 relevant medical records; (2) confirm, in writing, the attending
204 physician's diagnosis that the patient has a terminal illness; (3) verify
205 that the patient is competent, is acting voluntarily and has made an
206 informed decision to request aid in dying; and (4) refer the patient for
207 counseling, if required in accordance with section 8 of this act.

208 Sec. 8. (NEW) (*Effective October 1, 2021*) (a) If, in the medical opinion
209 of the attending physician or the consulting physician, a patient may be
210 suffering from a psychiatric or psychological condition including, but
211 not limited to, depression, that is causing impaired judgment, either the
212 attending or consulting physician shall refer the patient for counseling
213 to determine whether the patient is competent to request aid in dying.

214 (b) An attending physician shall not provide the patient aid in dying
215 until the person providing such counseling determines that the patient
216 is not suffering a psychiatric or psychological condition including, but
217 not limited to, depression, that is causing impaired judgment.

218 Sec. 9. (NEW) (*Effective October 1, 2021*) (a) After an attending
219 physician and a consulting physician determine that a patient is a
220 qualified patient, in accordance with sections 6 to 8, inclusive, of this act
221 and after such qualified patient makes a second oral request for aid in
222 dying in accordance with section 3 of this act, the attending physician

223 shall:

224 (1) Recommend to the qualified patient that he or she notify his or her
225 next of kin of the qualified patient's request for aid in dying and inform
226 the qualified patient that a failure to do so shall not be a basis for the
227 denial of such request;

228 (2) Counsel the qualified patient concerning the importance of: (A)
229 Having another person present when the qualified patient self-
230 administers the medication dispensed or prescribed for aid in dying;
231 and (B) not taking the medication in a public place;

232 (3) Inform the qualified patient that he or she may rescind his or her
233 request for aid in dying at any time and in any manner;

234 (4) Verify, immediately before dispensing or prescribing medication
235 for aid in dying, that the qualified patient is making an informed
236 decision;

237 (5) Fulfill the medical record documentation requirements set forth
238 in section 10 of this act; and

239 (6) (A) Dispense such medication, including ancillary medication
240 intended to facilitate the desired effect to minimize the qualified
241 patient's discomfort, if the attending physician is authorized to dispense
242 such medication, to the qualified patient; or (B) upon the qualified
243 patient's request and with the qualified patient's written consent (i)
244 contact a pharmacist and inform the pharmacist of the prescription, and
245 (ii) personally deliver the written prescription, by mail, facsimile or
246 electronic transmission to the pharmacist, who shall dispense such
247 medication directly to the qualified patient, the attending physician or
248 an expressly identified agent of the qualified patient.

249 (b) The person signing the qualified patient's death certificate shall
250 list the underlying terminal illness as the cause of death.

251 Sec. 10. (NEW) (*Effective October 1, 2021*) The attending physician shall
252 ensure that the following items are documented or filed in a qualified

253 patient's medical record:

254 (1) The basis for determining that a qualified patient is an adult and
255 a resident of the state;

256 (2) All oral requests by a qualified patient for medication for aid in
257 dying;

258 (3) All written requests by a qualified patient for medication for aid
259 in dying;

260 (4) The attending physician's diagnosis of a qualified patient's
261 terminal illness and prognosis, and a determination that a qualified
262 patient is competent, is acting voluntarily and has made an informed
263 decision to request aid in dying;

264 (5) The consulting physician's confirmation of a qualified patient's
265 diagnosis and prognosis, confirmation that a qualified patient is
266 competent, is acting voluntarily and has made an informed decision to
267 request aid in dying;

268 (6) A report of the outcome and determinations made during
269 counseling, if counseling was recommended and provided in
270 accordance with section 8 of this act;

271 (7) Documentation of the attending physician's offer to a qualified
272 patient to rescind his or her request for aid in dying at the time the
273 attending physician dispenses or prescribes medication for aid in dying;
274 and

275 (8) A statement by the attending physician indicating that (A) all
276 requirements under this section and sections 1 to 9, inclusive, of this act
277 have been met, and (B) the steps taken to carry out a qualified patient's
278 request for aid in dying, including the medication dispensed or
279 prescribed.

280 Sec. 11. (NEW) (*Effective October 1, 2021*) Any person, other than a
281 qualified patient, in possession of medication dispensed or prescribed

282 for aid in dying that has not been self-administered shall return such
283 medication to the attending physician or the Commissioner of
284 Consumer Protection in accordance with section 21a-252 of the general
285 statutes.

286 Sec. 12. (NEW) (*Effective October 1, 2021*) (a) Any provision of a
287 contract, including, but not limited to, a contract related to an insurance
288 policy or annuity, conditioned on or affected by the making or
289 rescinding of a request for aid in dying shall not be valid.

290 (b) Any provision of a will or codicil conditioned on or affected by
291 the making or rescinding of a request for aid in dying shall not be valid.

292 (c) On and after October 1, 2021, the sale, procurement or issuance of
293 any life, health or accident insurance or annuity policy or the rate
294 charged for any such policy shall not be conditioned upon or affected
295 by the making or rescinding of a request for aid in dying.

296 (d) A qualified patient's act of requesting aid in dying or self-
297 administering medication dispensed or prescribed for aid in dying shall
298 not constitute suicide for any purpose, including, but not limited to, a
299 criminal prosecution under section 53a-56 of the general statutes.

300 Sec. 13. (NEW) (*Effective October 1, 2021*) (a) As used in this section,
301 "participate in the provision of medication" means to perform the duties
302 of an attending physician or consulting physician, a psychiatrist,
303 psychologist or pharmacist in accordance with the provisions of sections
304 2 to 10, inclusive, of this act. "Participate in the provision of medication"
305 does not include: (1) Making an initial diagnosis of a patient's terminal
306 illness; (2) informing a patient of his or her medical diagnosis or
307 prognosis; (3) informing a patient concerning the provisions of this
308 section, sections 1 to 12, inclusive, of this act and sections 16 to 19,
309 inclusive, of this act, upon the patient's request; or (4) referring a patient
310 to another health care provider for aid in dying.

311 (b) Participation in any act described in sections 1 to 12, inclusive, of
312 this act and sections 16 to 19, inclusive, of this act by a patient, health

313 care provider or any other person shall be voluntary. Each health care
314 provider shall individually and affirmatively determine whether to
315 participate in the provision of medication to a qualified patient for aid
316 in dying. A health care facility shall not require a health care provider
317 to participate in the provision of medication to a qualified patient for aid
318 in dying, but may prohibit such participation in accordance with
319 subsection (d) of this section.

320 (c) If a health care provider or health care facility chooses not to
321 participate in the provision of medication to a qualified patient for aid
322 in dying, upon request of a qualified patient, such health care provider
323 or health care facility shall transfer all relevant medical records to any
324 health care provider or health care facility, as directed by a qualified
325 patient.

326 (d) A health care facility may adopt written policies prohibiting a
327 health care provider associated with such health care facility from
328 participating in the provision of medication to a patient for aid in dying,
329 provided such facility provides written notice of such policy and any
330 sanctions for violation of such policy to such health care provider.
331 Notwithstanding the provisions of this subsection or any policies
332 adopted in accordance with this subsection, a health care provider may:
333 (1) Diagnose a patient with a terminal illness; (2) inform a patient of his
334 or her medical prognosis; (3) provide a patient with information
335 concerning the provisions of this section, sections 1 to 12, inclusive, of
336 this act and sections 16 to 19, inclusive, of this act, upon a patient's
337 request; (4) refer a patient to another health care facility or health care
338 provider; (5) transfer a patient's medical records to a health care
339 provider or health care facility, as requested by a patient; or (6)
340 participate in the provision of medication for aid in dying when such
341 health care provider is acting outside the scope of his or her employment
342 or contract with a health care facility that prohibits participation in the
343 provision of such medication.

344 (e) Except as provided in a policy adopted in accordance with
345 subsection (d) of this section, no health care facility may subject an

346 employee or other person who provides services under contract with
347 the health care facility to disciplinary action, loss of privileges, loss of
348 membership or any other penalty for participating, or refusing to
349 participate, in the provision of medication or related activities in good
350 faith compliance with the provisions of this section, sections 1 to 12,
351 inclusive, of this act and sections 16 to 19, inclusive, of this act.

352 Sec. 14. (NEW) (*Effective October 1, 2021*) (a) A person is guilty of
353 murder when such person, without authorization of a patient, wilfully
354 alters or forges a request for aid in dying, as described in sections 3 and
355 4 of this act, or conceals or destroys a rescission of such a request for aid
356 in dying with the intent or effect of causing the patient's death.

357 (b) A person is guilty of murder when such person coerces or exerts
358 undue influence on a patient to complete a request for aid in dying, as
359 described in sections 3 and 4 of this act, or coerces or exerts undue
360 influence on a patient to destroy a rescission of such request with the
361 intent or effect of causing the patient's death.

362 Sec. 15. (NEW) (*Effective October 1, 2021*) (a) Nothing in sections 1 to
363 14, inclusive, of this act or sections 16 to 19, inclusive, of this act
364 authorizes a physician or any other person to end another person's life
365 by lethal injection, mercy killing, assisting a suicide or any other active
366 euthanasia.

367 (b) Nothing in sections 1 to 14, inclusive, of this act or section 16 to
368 19, inclusive, of this act authorizes a health care provider or any person,
369 including a qualified patient, to end the qualified patient's life by
370 intravenous or other parenteral injection or infusion, mercy killing,
371 homicide, murder, manslaughter, euthanasia, or any other criminal act.

372 (c) Any actions taken in accordance with sections 1 to 14, inclusive, of
373 this act or sections 16 to 19, inclusive, of this act, do not, for any
374 purposes, constitute suicide, assisted suicide, euthanasia, mercy killing,
375 homicide, murder, manslaughter, elder abuse or neglect or any other
376 civil or criminal violation under the general statutes.

377 (d) No action taken in accordance with sections 1 to 14, inclusive, of
378 this act or sections 16 to 19, inclusive, of this act shall constitute causing
379 or assisting another person to commit suicide in violation of section 53a-
380 54a or 53a-56 of the general statutes.

381 (e) No person shall be subject to civil or criminal liability or
382 professional disciplinary action, including, but not limited to,
383 revocation of such person's professional license, for (1) participating in
384 the provision of medication or related activities in good faith
385 compliance with the provisions of sections 1 to 14, inclusive, of this act
386 and sections 16 to 19, inclusive, of this act, or (2) being present at the
387 time a qualified patient self-administers medication dispensed or
388 prescribed for aid in dying.

389 (f) An attending physician's dispensing of, or issuance of a
390 prescription for medication for aid in dying or a patient's request for aid
391 in dying, in good faith compliance with the provisions of sections 1 to
392 19, inclusive, of this act shall not constitute neglect for the purpose of
393 any law or provide the sole basis for appointment of a guardian or
394 conservator for such patient.

395 Sec. 16. (NEW) (*Effective October 1, 2021*) Sections 1 to 15, inclusive, of
396 this act or sections 17 to 19, inclusive, of this act do not limit liability for
397 civil damages resulting from negligent conduct or intentional
398 misconduct by any person.

399 Sec. 17. (NEW) (*Effective October 1, 2021*) (a) Any person who
400 knowingly possesses, sells or delivers medication dispensed or
401 prescribed for aid in dying for any purpose other than delivering such
402 medication to a qualified patient, or returning such medication in
403 accordance with section 11 of this act, shall be guilty of a class D felony.

404 (b) Nothing in sections 1 to 16, inclusive, of this act or section 18 or 19
405 of this act shall preclude criminal prosecution under any provision of
406 law for conduct that is inconsistent with said sections.

407 Sec. 18. (NEW) (*Effective October 1, 2021*) Nothing in sections 1 to 17,

408 inclusive, of this act or section 19 of this act shall limit the jurisdiction or
 409 authority of the nonprofit entity designated by the Governor to serve as
 410 the Connecticut protection and advocacy system under section 46a-10b
 411 of the general statutes.

412 Sec. 19. (NEW) (*Effective October 1, 2021*) No person who serves as an
 413 attending physician or consulting physician shall inherit or receive any
 414 part of the estate of such qualified patient, whether under the provisions
 415 of law relating to intestate succession or as a devisee or legatee, or
 416 otherwise under the will of such qualified patient, or receive any
 417 property as beneficiary or survivor of such qualified patient after such
 418 qualified patient has self-administered medication dispensed or
 419 prescribed for aid in dying.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2021</i>	New section
Sec. 2	<i>October 1, 2021</i>	New section
Sec. 3	<i>October 1, 2021</i>	New section
Sec. 4	<i>October 1, 2021</i>	New section
Sec. 5	<i>October 1, 2021</i>	New section
Sec. 6	<i>October 1, 2021</i>	New section
Sec. 7	<i>October 1, 2021</i>	New section
Sec. 8	<i>October 1, 2021</i>	New section
Sec. 9	<i>October 1, 2021</i>	New section
Sec. 10	<i>October 1, 2021</i>	New section
Sec. 11	<i>October 1, 2021</i>	New section
Sec. 12	<i>October 1, 2021</i>	New section
Sec. 13	<i>October 1, 2021</i>	New section
Sec. 14	<i>October 1, 2021</i>	New section
Sec. 15	<i>October 1, 2021</i>	New section
Sec. 16	<i>October 1, 2021</i>	New section
Sec. 17	<i>October 1, 2021</i>	New section
Sec. 18	<i>October 1, 2021</i>	New section
Sec. 19	<i>October 1, 2021</i>	New section

Statement of Purpose:

To provide aid in dying to terminally ill patients.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]